

If you would like to enjoy the convenience of automatic recurring billing, simply complete the credit card information below and sign the form. All requested information is required and kept confidential. Upon your completion of this form, we will automatically bill your credit card for the monthly amount as well as any additional treatments/repairs/installations etc. Your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

**Recurring Payment Authorization**

Cardholder Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cardholder ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration:\_\_\_\_/\_\_\_\_CVV#: \_\_\_\_\_\_\_\_

Recurring Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Auto Pay Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_